

SF ELITE

TRYOUT FORM

BIB NUMBER:

(provided at gym)

attach
photo
here

Player Information

Full Name: _____
Last First

Address: _____
Street Address Apartment/Unit # City State Zip Code

Phone: _____ Email _____

NCVA Membership Number: **NCVA MEMBERSHIP NOT REQUIRED FOR TRYOUTS**

Age & Date of Birth _____ Dominant Hand: _____

Height: _____

Position (circle all that apply): OH MB S Opp DS L No Preference

Age Trying out for (circle all that apply): 10 11 12 13 14 15 16 17 18

School and Current Grade _____

Parent Information

Parent Name: _____

Phone: _____ Email _____

Playing Experience

Previous Club: _____

Years Played: _____

Disclaimer and Signature

Waiver of claims: It is agreed that by signing below, that the use of facilities and the participation in SF ELITE VBC activities shall be entered by each player at their own risk. By signing, you acknowledge that the SF ELITE VBC, SF ELITE coaches, facility owners and operators shall not be liable for any injuries and/or damages by or to any member or player or be subject to any claim whatsoever for any reason. I certify that my player is in overall good physical and mental condition and can partake in an athletic schedule. I grant permission for SF ELITE coaches and staff to act for me in their best judgment in any emergency requiring medical attention including treatment at a local hospital. Additionally, I will ensure that my player has current NCVA membership and/or an NCVA pass. By signing below, I have read, understood and agree to the terms and conditions outlined here. This waiver shall extend to all clinics and tryouts offered by SF ELITE VBC. Should any information or the health of my minor change, I agree to notify SF ELITE VBC immediately in writing.

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, including individuals without disease symptoms. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. The health and well-being of our staff and athletes remains our top priority. In order to minimize the risk of COVID-19 entering our environment and spreading amongst our community, we will only allow staff assigned to work and athletes scheduled to participate to be in our gym. Parents wishing to remain on site can use outdoor common areas or the parking lot to wait for their athlete(s). Athletes waiting to attend a session will need to wait outside while maintaining social distance from others.

Furthermore, all participants in sponsored activities at SF Elite Volleyball Club must agree to and abide by the following:

- Bring own supply of water and/or sport drink to prevent the spread of COVID-19
- Must wash hands or use hand sanitizer when entering and exiting the facility
- Must inform the club staff immediately if there has been any exposure to individuals with a suspected or confirmed case of COVID-19
- Must not enter the facility if feeling sick
- Must not enter the facility if presenting with any or all symptoms of COVID-19
 - Cough;
 - Fever; and/or
 - Shortness of breath

Must cover all coughs and sneezes

Must adhere to state and county regulations regarding face coverings

- All individuals (except those under 4 years old) must have a face covering when entering the facility and must have it on when off the court (subject to change).

Must practice social distancing while in the facility (at least 6 feet)

- No congregating at any one place within the facility (i.e. front area, drinking fountain, etc.)

SF Elite Volleyball Club (hereafter referred to as the "Club") has put in place numerous preventative measures and enhanced cleaning protocols to reduce the likelihood of spreading COVID-19 in Club's gym environment (including Elite Sports Centers); however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending sponsored activities at the Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily agree to the participation terms described above and assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims").

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, Elite Sports Centers, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club activity.

Participant's Name(s): _____ Team(s): _____

Participant's Signature (if 18 or older): _____

Parent/Legal Guardian Name(s) (for participants under 18): _____

Signature(s) of Parent/Legal Guardian: _____

Date: _____